

Youth's Name:
State ID Number:
Annual Period ~ Mo-Day-Yr (starts with <i>first</i> EMAD):

	EMAD 1	EMAD 2	EMAD 3	EMAD 4	EMAD 5	EMAD 6	EMAD 7	Total of all EMADS
Date of EMAD Authorization:								
Amount of Authorization:								
<i>Maximum allotment per annual period: \$6000.00</i>	Prorated amount per month							<i>Max allotment minus sum of prorated amounts by month</i>
Month Encumbered:								
FIRST month								
SECOND month								
THIRD month								
FOURTH month								
FIFTH month								
SIXTH month								
SEVENTH month								
EIGHTH month								
NINTH month								
TENTH month								
ELEVENTH month								
TWELFTH month								
Sum of authorized amounts <i>minus</i> sum of prorated amounts:								

<i>Level of care (LOC) cap: \$1818.00</i>	LOC cap <i>minus</i> prorated amounts by month
LOC dollars left for all other services by month:	
FIRST month	
SECOND month	
THIRD month	
FOURTH month	
FIFTH month	
SIXTH month	
SEVENTH month	
EIGHTH month	
NINTH month	
TENTH month	
ELEVENTH month	
TWELFTH month	